



Your business  
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [jsi@jsitel.com](mailto:jsi@jsitel.com)

June 28, 2017

**Via Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2017 ETC Annual Report of Farmers Telephone Cooperative, Inc. (SC)  
Study Area Code 240520**

Dear Ms. Dortch:

On behalf of Farmers Telephone Cooperative, Inc. ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the Company's outage reporting as required by Section 54.313.<sup>3</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313.



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June 28, 2017

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 14-58  
2017 ETC Annual Report of Farmers Telephone Cooperative, Inc. (SC)  
Study Area Code 240520  
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Farmers Telephone Cooperative, Inc. (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules,<sup>1</sup> withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").<sup>3</sup>
2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must report outage information which is contained in an attachment to the 2017 ETC Annual Report.
3. The information contained in the attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's outages provided at FCC Form 481 Line 200 attachment, Service Outage Reporting. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the outage data contained in the Line 200 attachment concerns a service that is subject to competition, the information pertains to the network and operations of a telecommunications company that has competitors that could benefit if they were able to have access to this information.

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<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

Echelon Building II, Suite 200  
9430 Research Blvd., Austin, TX 78759  
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310  
1380 Corporate Center Curve, Eagan, MN 55121  
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road  
Bldg. B-3, Suite 200, Atlanta, GA 30328  
phone: 770-569-2105, fax: 770-410-1608

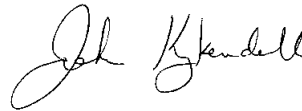
547 South Oakview Lane  
Bountiful, UT 84010  
phone: 801-294-4576, fax: 801-294-5124

5. With respect to identifying possible exposure to competitive harm, the information contained in the subject attachment is information that is not customarily released to the public. Outage information is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the outage attachment under seal. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. The Commission has previously concluded that there is a presumptive likelihood of substantial competitive harm from disclosure of outage information.<sup>4</sup> The Commission also determined the disclosure of outage reporting information to the public could present an unacceptable risk of more effective terrorist activity and could therefore result in potential harm to the public and the national defense.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's outage data provided at FCC Form 481 Line 200 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

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<sup>4</sup> See *In the Matter of New Part 4 of the Commission's Rules Concerning Disruptions to Communications*, ET Docket No. 04-35, *Report and Order and Further Notice of Proposed Rulemaking*, FCC 04-188, rel. Aug. 19, 2004, para. 45.

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Mayme Carsten
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	mayme_carsten@mail.ftc.org

Form Type	54.313 and 54.422
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**(200) Service Outage Reporting (Voice)**  
**Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<210> For the prior calendar year, were there any reportable voice service outages? Yes

[illegible]

<b>(300) Unfulfilled Service Request</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<300> Unfulfilled service request (voice)

0
---

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0
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<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0.033
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0.046
<450>	Complaints per 1000 customers for mobile broadband	

<b>(500) Compliance With Service Quality Standards and Consumer Protection Rules</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
240520SC510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	



<b>(600) Functionality in Emergency Situations Data Collection Form</b>	<b>REDACTED FOR PUBLIC INSPECTION</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------------	---------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	240520SC610.pdf

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**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	240520
-----------------------	--------

<015>	Study Area Name	FARMERS TEL COOP
-------	-----------------	------------------

<020>	Program Year	2018
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<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
-------	---------------------------------------------------------------	---------------

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8433821380 ext.

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030> mayme\_carsten@mail.ftc.org

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

[illegible]

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<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

[illegible]

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<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<810>	Reporting Carrier	Farmers Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Farmers Telephone Cooperative, Inc. d/b/a FTC

[illegible]

FCC Form 481  
OMB Control No. 3060-0986 / OMB Control No. 3060-0819  
July 2013

<900>	Does the filing entity offer tribal land services? (Y/N)	No
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If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

[illegible]

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document

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**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

240520sc1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |                                                                                                                       |                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,                                                        | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.                                                      | <input checked="" type="checkbox"/> |



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(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

**(2005) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		240520sc3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	240520sc3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or		<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

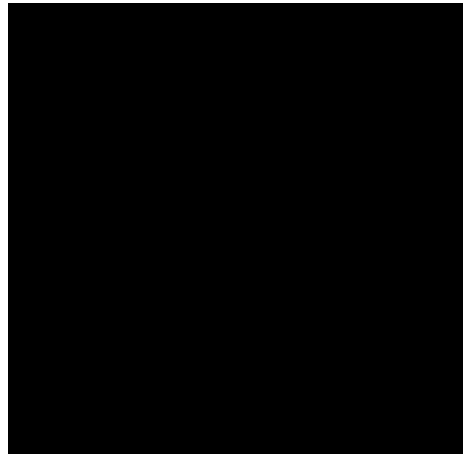
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



<b>(4005) Rural Broadband Experiment Additional Documentation</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
--------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--

REDACTED FOR PUBLIC INSPECTION

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# REDACTED FOR PUBLIC INSPECTION

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<b>&lt;010&gt; Study Area Code</b>	240520
<b>&lt;015&gt; Study Area Name</b>	FARMERS TEL COOP
<b>&lt;020&gt; Program Year</b>	2018
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Mayme Carsten
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	8433821380 ext.
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	mayme_carsten@mail.ftc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>John Staurulakis, Inc.</u>	
Name of Reporting Carrier: <u>FARMERS TEL COOP</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2017</u>
Printed name of Authorized Officer: <u>Jeffrey Lawrimore</u>	
Title or position of Authorized Officer: <u>Chief Financial Officer</u>	
Telephone number of Authorized Officer: <u>8433821381 ext.</u>	
Study Area Code of Reporting Carrier: <u>240520</u>	Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>FARMERS TEL COOP</u>	
Name of Authorized Agent Firm: <u>John Staurulakis, Inc.</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2017</u>
Name of Authorized Agent Employee: <u>Lans Chase</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Staff Director - Regulatory</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>7705692015 ext.1</u>	
Study Area Code of Reporting Carrier: <u>240520</u>	Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



## Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:mayme_carsten@mail.ftc.org">mayme_carsten@mail.ftc.org</a>

Yes

[illegible]

**Farmers Telephone Cooperative, Inc.’s demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Farmers Telephone Cooperative, Inc. (“Farmers”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Farmers is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing,

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Farmers is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in 47 CFR § 8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

**Farmers Telephone Cooperative's demonstration of ability to function in emergency situations for voice and broadband services:**

Farmers Telephone Cooperative, Inc. ("Farmers") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)<sup>1</sup> and Section 103-646 of the South Carolina Code of Regulations. Farmers' network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Farmers can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Farmers to manage traffic spikes throughout its network, as emergency situations require. In addition, Farmers has redundancy for connectivity purposes *via* additional routes and electronic equipment for voice and broadband services.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Farmers has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Farmers has access to fuel.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

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**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

[illegible]

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<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	240520
<015>	Study Area Name	FARMERS TEL COOP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org
<810>	Reporting Carrier	Farmers Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Farmers Telephone Cooperative, Inc. d/b/a FTC

[illegible]

## FTC Lifeline Initial Enrollment Form

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Please complete Sections 1, 2 and 3 below. *You must provide proof of your eligibility along with this application.*

### SECTION 1 - Applicant Information (*Applicant is the person who has telephone and/or broadband service with the company*).

Choose **ONE** service to apply the Lifeline discount:

Telephone (Apply Lifeline discount of \$12.75)

Broadband Internet (Apply Lifeline discount of \$9.25)

If you have Lifeline (free/reduced phone service; broadband internet service or a bundled package with phone and broadband internet service) with another company, do you give FTC permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.\**

Yes, transfer my Lifeline service

No, do not transfer my Lifeline Service

I do not currently have Lifeline

First Name\*

Middle Name/Initial

Last Name\*

Date of Birth\*

Last 4-Digits of SSN\*

Phone Number

Email Address

Residential Street Address (*No PO Boxes*)\*

Unit #

City\*

State\*

Zip Code\*

Is your residential address permanent?\*

Yes  
No

Is this address occupied by multiple households?  
(*if yes, complete Lifeline Household Worksheet on Page 3*)

Yes  
No

Billing Address (*if different*)

Unit #

City

State

Zip Code

**Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.**

First Name

Last Name

Date of Birth

Last 4-Digits of SSN

Relationship to Applicant

### SECTION 2 - Eligibility Information

**I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.\***

#### **2017 135% of the Federal Poverty Guidelines (annual household income before tax)**

1 person up to \$16,281 per year   2 people up to \$21,924   3 people up to \$27,567   4 people up to \$33,210   5 people up to \$38,853   6 people up to \$44,496  
7 people up to \$50,139   8 people up to \$55,782   More than 8 people - add \$5.643 for each extra person

*Select only one*

Federal Public Housing Assistance (FPHA)

Medicaid

Supplemental Nutrition Assistance Program (SNAP)

Supplemental Security Income (SSI)

Veterans Pension or Survivors Pension

Total Household Income at or below 135% of the  
Federal Poverty Guidelines

**If you checked *Total Household Income* above, provide the number of people in your household.**



### SECTION 3 - Certification

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

\_\_\_\_\_ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

\_\_\_\_\_ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

\_\_\_\_\_ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

\_\_\_\_\_ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

\_\_\_\_\_ I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database (NLAD) my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that the transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the the Administrator, I will be denied Lifeline Program benefits.

\_\_\_\_\_ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

\_\_\_\_\_ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

\_\_\_\_\_ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

**Signature\***

**Date\***

**Send the completed form and proof of eligibility to:**

**MAIL: FTC P.O. Box 588 Kingstree, SC 29556 FAX: 843.382.4200 QUESTIONS: 888.218.5050**

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

**For Office Use Only:** Type of Documentation \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_ Lifeline Household Worksheet? Yes No Date NLAD Queried \_\_\_\_\_

## FTC WIRELESS

### Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on phone service (home or wireless) or broadband internet service (home or wireless) but not both. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

**Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.**

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

**If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).**

**After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.**

Name	_____	Telephone Number	_____
Address	_____		
	Street	Apt.	City State Zip

**1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?**

\_\_\_\_\_ **No.** Please answer question 2 below.

\_\_\_\_\_ **Yes.** If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



**2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?**

\_\_\_\_\_ **No.** Please check **OPTION A** below and **SIGN THIS FORM.**

\_\_\_\_\_ **YES.** Please answer question 3 below.



**3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?**

\_\_\_\_\_ **No.** Please check **OPTION C** below and **SIGN THIS FORM.**

\_\_\_\_\_ **Yes.** If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form.** If you are not keeping your Lifeline benefit, **DO NOT** submit this form.

Please check the box below for the one that applies to you:

OPTION A. [     ] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [     ] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [     ] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the signed form to FTC Wireless at P.O. Box 588, Kingstree, SC 29556; Fax: 843.382.4200;  
Questions: 888.218.5050

**Farmers Telephone Cooperative, Inc.**

**Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))**

Farmers Telephone Cooperative, Inc. hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**